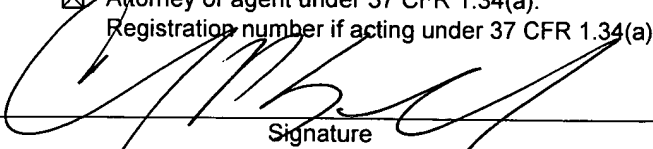




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Docket Number (Optional) 7404-727
Application Number	09/943,080	Filed August 30, 2001
For	Carlo EFFENHAUSER et al., entitled "SYSTEM FOR WITHDRAWING SMALL AMOUNTS OF BODY FLUID"	
Art Unit	3736	Examiner Szmaj, Brian Scott
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60 \$_____
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225 \$_____
<input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510 \$ <u>1020</u>
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795 \$_____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080 \$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed. 08/25/2005 EFLORES 00000083 09943080		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:1253 1020.00 OP		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> Applicant/inventor.		
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>45,082</u>		
<input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>45,082</u>		
 Signature		August 22, 2005 Date
Charles P. Schmal, Appointed Practitioner to Act on Behalf of Customer Number 41577 Typed or Printed Name		(317) 634-3456 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.		
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.		